

Neonatal Abstinence Syndrome (NAS)

The care your baby may need



Patient information

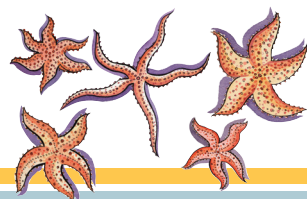


Welcome to the Norfolk and Norwich University Hospitals NHS Foundation Trust

The aims of this leaflet are to:

- Help you to understand and recognise neonatal withdrawal symptoms
- Suggest ways to care for your baby during this time
- Provide advice, encouragement and support to you, your partner and others caring for your baby

We feel it is important you that you know the facts so that you can feel reassured and confident in caring for baby.





What is Neonatal Abstinence Syndrome – NAS?

Most substances (including medication, tobacco and alcohol) taken in your pregnancy will pass through the placenta and will be absorbed by your baby. If, during your pregnancy, you have used any prescribed medication or illicit drugs that can cause physical dependency i.e. buprenorphine, codeine, heroin, methadone, benzodiazepines and some anti-depressants, your baby may become dependent on this medication too.

Following delivery, when the umbilical cord has been cut, the supply of drugs to the baby suddenly stops and the baby may show signs of physical withdrawal known as Neonatal Abstinence Syndrome (NAS). This withdrawal process and effects are similar to that experienced by an adult who suddenly stops taking a drug or medication.





Could my baby be affected?

Most babies exposed to drugs/medication during pregnancy will experience some symptoms after birth. Some may only show signs of mild withdrawal, requiring no more than the usual care given to all babies. However, there are some babies who may have moderate or severe withdrawal symptoms which affects how well they feed and sleep. These babies may require more specialised care and medical treatment to help them as they withdraw (as an adult would during a planned detox). Each baby is an individual so there is no way of knowing the severity of withdrawal symptoms your baby may experience after birth.

Research does suggest that babies who are exposed to multiple drugs during pregnancy are likely to be at increased risk of NAS. During pregnancy it is important to access support and attend antenatal care. Treatment and monitoring will help to reduce the risks of NAS and improve the health and well-being of both mother and baby.





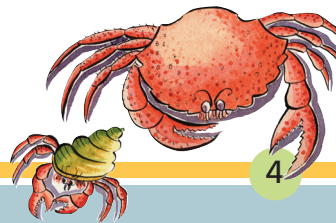
What will happen after birth?

We will always aim to keep you and your baby together on the postnatal ward. Babies are only admitted to the Neonatal Intensive Care Unit (NICU) if they need medication and further monitoring for NAS.

Breastfeeding is encouraged to help with withdrawal symptoms and enable bonding with you baby. The use of some drugs means that breastfeeding is not recommended and your midwife or obstetrician can advise about this.

Most babies do not need treatment for NAS and will be able to go home after a period of observation. Babies are observed for a minimum of 3 days but may need a longer period. Withdrawal symptoms may not be apparent immediately after delivery and may develop over a few days or even weeks.

Midwifery and Neonatal staff will always explain and discuss with you any treatment your baby may need.

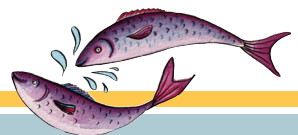


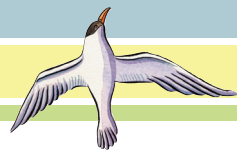


What are the signs and symptoms of NAS?

Neonatal withdrawal symptoms include:

- A continuous high-pitched cry
- Fast breathing (tachypnoea)
- Irritability and restlessness and scratching of their faces
- Shaking (tremor) of arms and legs whether disturbed or resting
- Increased muscle tone where the limbs feel very stiff
- Feeding difficulties – coordination of sucking and swallowing, frantic sucking
- Excessive wakefulness – not settling or sleeping after a feed
- Sickness / vomiting
- Diarrhoea
- Fever
- Sweating
- Excessive sneezing, yawning, hiccups
- Less commonly fits (convulsions)

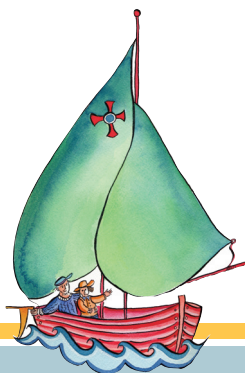




Midwives on the ward will monitor your baby for any signs of NAS using a withdrawal chart. Scoring for symptoms should take place approximately every 4 hours, depending on your baby's feeding pattern and behaviour. Severe withdrawal symptoms will require treatment and your baby will need to be admitted to NICU.

Some babies can still experience withdrawal after they have been discharged from hospital. You can contact your midwife, health visitor or GP if you have any concerns.

Never give your baby any drugs or medication that has not been specifically prescribed for your baby by your GP or the hospital.





What can I do to help care for my baby?

Most babies do not require medical treatment for NAS, however, remember that each baby is different and the length of the withdrawal process varies. There are things that you can do which will help your baby to withdraw safely and comfortably.

- Provide a quiet environment with dimmed lighting to reduce the stimulation around your baby. Turning down loud music/TV/voices will help baby to settle if they are crying, irritable or unable to sleep.
- Cuddle your baby as much as possible with skin-to-skin contact as this will help calm your baby, decrease crying and help with feeding.
- Handle your baby very gently to help reduce irritability and crying. Gentle baby massage and bathing can be soothing. Discourage visitors from picking up your baby once he/she are settled.
- Dress your baby in cool clothing and change frequently if they are sweating. If they are restless and irritable, a cool sheet can be used to swaddle your baby to avoid him/her getting too hot. Slings can also be useful when you are at home.
- Feed your baby regularly - frequent small feeds are usually best. Keep a record of all your baby's feeds. If your baby has problems with sucking or is vomiting, talk to your midwife or neonatal staff who will be able to help you.





- Dummies can also be helpful to settle your baby if he/she is excessively sucking. Do talk to your midwife or neonatal staff about introducing a dummy if you are breastfeeding.
- Change your baby regularly. Your baby's bottom may get sore due to loose stools/diarrhoea. More frequent nappy changes may be necessary and nappy creams are helpful to protect your baby's skin.
- If your baby sneezes, they may have a blocked nose. Gently wipe the nose if it is dirty but do not clean with cotton wool buds as this can damage your baby's nose.
- Everyone must avoid smoking cigarettes or illicit drugs around your baby and you must keep your baby out of smoky areas. Make sure that your home, car and other places your baby spends time are smoke free.
- Do not share a bed with your baby and follow the Safer Sleep guidelines.

If your baby appears pale, blue or grey in colour, has breathing difficulties or appears to be panting, has a fit/convulsion or is floppy or stops breathing Dial 999 immediately and ask for medical help.





Babies on the Neonatal Intensive Care Unit (NICU)

If your baby is admitted to NICU, you will be actively encouraged to be involved in all aspects of your baby's care. You will be given a NICU Family Guide which will provide you with information about the unit. There is an open visiting policy for parents.

Once your baby has been admitted to NICU, he/she will start medication to help them withdraw safely and to keep them comfortable. Whilst your baby is receiving medication, they will have a monitor attached to their foot which records oxygen levels and heart rate. The nurses will continue to observe your baby using the scoring chart. Sometimes, babies require an increase in medication in order to control their withdrawal symptoms. As your baby's condition improves, the dose of medication will be gradually reduced. Once your baby's medication has been stopped, your baby will need to be observed and off the monitor for a minimum of 24 hours to ensure they are well enough to be discharged home.





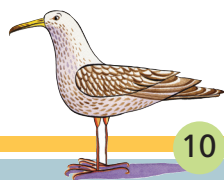
What else do I need to know?

If you receive support from a community drug and alcohol service and/or Children's Services, they will be informed when your baby is born.

Hepatitis B Vaccine may be offered to your baby to help protect him/her. This will be discussed with you before delivery and you will be asked to sign a consent form when your baby is born.

Most women who use drugs or prescribed medication have a normal pregnancy, labour and delivery. Many babies who are born experiencing drug withdrawal symptoms will recover fully in time but some may experience long-term consequences such as behavioural issues and developmental problems. Routine head scans are performed on some babies. Follow up by a Consultant Neonatologist after discharge will be arranged as appropriate.

Babies who are withdrawing may be demanding to care for and this can be a difficult time for some mothers who may feel guilt or blame. Your community midwife, specialist midwife, neonatal staff, health visitors and community drug/alcohol team are always available to talk to you about any concerns or questions you and your family may have.





Useful telephone numbers and website addresses

Skylark Team 01603 289931

Medicom to contact your community midwife and specialist midwife

01603 481222

Antenatal Clinic

01603 287743

Blakeney Ward

01603 287129

Neonatal Intensive Care Unit

01603 286865

NHS Choices

www.nhs.uk

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www.nnuh.nhs.uk

